2004 FOR PROFIT CORPORATION

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Jan 20, 2004 8:00 am **ANNUAL REPORT Secretary of State** 01-20-2004 90072 019 ***150.00 **DOCUMENT # 578294** RW CONTRACTORS, INC. Principal Place of Business Mailing Address 64000402 919 N NOVA ROAD 919 N NOVA ROAD HOLLY HILL, FL 32117 HOLLY HILL, FL 32117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132004 CR2E034 (10/03) Chg-P City & State City & State 4 FEI Number 59-1835040 Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEINBERG, ROBERT A. Street Address (P.O. Box Number is Not Acceptable) 26 RIVERRIDGE TRAIL ORMOND BEACH, FL City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE P/P ☐ Change ☐ Addition WEINBERG, ROBERT A. NAME NAME 26 RIVERRIDGE TRAIL STREET ADDRESS STREET ADDRESS ORMOND BEACH, FL CITY-ST-ZIP て/戸 TITLE ☐ Delete TITLE Change ☐ Addition WEINBERG, SHARON NAME NAME STREET ADDRESS 26 RIVERRIDGE TRAIL STREET ADDRESS ORMOND BEACH, FL CITY-ST-7IP CITY-ST-7IP Delete TITLE ☐ Change Addition TITLE GARY L. ROBERTS Z9 LAUREL RIDGE BREAK NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORMOND REACH, Fl. 32174 Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE " Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

(NOTE: Registered Agent signature required when reinstating)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable.

SIGNATURE.

Robert A. Weinbers

FILED

DATE

Applied For

Not Applicable